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CONFIRMATION NO. 4247

SERIAL NUMBER 10/053,713	FILING DATE 01/24/2002 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 401-1012
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

GERMANY 10103325.7 01/25/2001

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/15/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

000466

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TITLE

Method and medical system for the postdischarge surveillance of a patient

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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RECEIVED 1070	No. _____ for following:	<table border="1"><tr><td data-bbox="1006 144 1453 205"><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td data-bbox="1006 205 1453 266"><input type="checkbox"/> Other _____</td></tr><tr><td data-bbox="1006 266 1453 315"><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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